FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OIVID APPROVAL										
	OMB Number:	3235-0287									
l	Estimated average burde	en									
l	hours per response:	0.5									

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  WESSEL RICK L						2. Issuer Name and Ticker or Trading Symbol FIRST CASH FINANCIAL SERVICES										5. Relationship of Reporting Person(s) to Issuer (Check all applicable)					
VVESSI	LL MICH	<u>. L</u>			IN	NC [	FCF	s]							2	Compare de la	r		10% Ow	ner	
<i>a</i>	,-	-· o												Officer below)	(give title		Other (s below)	pecify			
(Last) (First) (Middle)						3. Date of Earliest Transaction (Month/Day/Year) 04/21/2004										Delow)	Dros	sident	,		
690 E LAMAR STE 400																r resident					
(Street)						4. If Amendment, Date of Original Filed (Month/Day/Year)										6. Individual or Joint/Group Filing (Check Applicable Line)					
ARLINGTON TX 76011															- 1	X Form filed by One Reporting Person					
																	•		One Report		
(City) (State) (Zip)																Person					
		Ta	ble I - Noi	n-Deriv	/ativ	re Se	curi	ties A	cquire	I, Di		osed o	of, o	r Ben	eficially	y Owned					
1. Title of Security (Instr. 3) 2. Transa						n	eemed	3.									6. Ownership		. Nature of		
· · · · · /					Date (Month/Day/Ye		Execution Date if any		Code (Instr.						. 3, 4 and	Beneficia	Securities Beneficially		r Indirect   E	Indirect Beneficial	
							(Month/Day/Yea		ar)   8)	8)						Owned Following Reported		(I) (Instr. 4)		Ownership Instr. 4)	
									Cod	e V		Amount		(A) or (D)	Price	Transact (Instr. 3 a					
Common	Stock	1/200	/2004			М			60,000		A	\$6.67	379	,500		D					
Common Stock											$\exists$		ĺ			7	ΕO		Ι (	Owned	
Common														750		1 1	oy son				
			Table II -	Deriva	tive	Sec	uriti	es Acc	quired,	Dis	po	sed of	, or l	Bene <sup>-</sup>	ficially	Owned		,	<u> </u>		
									s, opti												
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	Date, T	ransa Code (		5. Number of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5)		6. Date Exercisa Expiration Date (Month/Day/Yea		ate		7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		ecurity	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficia Owned Following Reported Transacti (Instr. 4)	e s ally g	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
									Date		Fx	piration			Amount or Jumber						
				c	Code	v	(A)	(D)	Exercisa	ιble	Dat		Title		f Shares						
Options	\$6.67	04/21/2004			M			60,000	04/12/1	<del>)</del> 99	04/	/12/2009	Com		60,000	(1)	417,00	00	D		
Options	\$19.33								01/29/2	)04	01/	/29/2014	Com		90,000		417,00	00	D		
Options	\$13.37								10/01/2	)03	10/	/01/2013	Com		90,000		417,00	00	D		
Warrants	\$5.33								04/03/2	)02	04/	/03/2012	Com		117,000		417,00	00	D		
Warrants	\$7.67								05/09/2	)03	05/	/09/2013	Com		120,000		417,00	00	D		

## **Explanation of Responses:**

1. Issued pursuant to Company stock option plan.

## Remarks:

All share amounts and prices included herein reflect three-for-two stock split effective April 6, 2004.

Rick L. Wessel

04/23/2004

\*\* Signature of Reporting Person Da

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.